



540280-2147

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert K. Jarvik

Serial No. 07/311,921

Examiner: James Prizant

Filed February 16, 1989

Group No. 332

For: INTRAVENTRICULAR ARTIFICIAL HEARTS Date: March 14, 1990  
AND METHODS OF THEIR SURGICAL  
IMPLANTATION AND USE.

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir: Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

☐ This is an application of a  
small entity under 37 CFR  
1.9(f), and the amounts shown  
in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 91	Minus	** 91=	-0- X	\$12(6)	= -0-
Independent claims.	* 21	Minus	*** 21=	-0- X	\$34(17)	= -0-
Total additional fee for this amendment						-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
space.

\*\* If the Highest number of total claims previously paid for is less than 20, write "20" in this  
space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this  
space.

☐ This application contains a multiple dependent claim. The required fee of  
\$110(55) has been previously paid ☐ or is paid herewith ☐.

☐ This response is being filed within the ☐ first month, ☐ second month,  
☒ third month, ☐ fourth month following the expiration of the term originally set  
therefor, and the fee of ☐ \$56(28), ☐ \$170(85), ☒ \$215.00, ☐ \$610(305) for the  
requisite extension is due and ☐ paid herewith.

No. 22206

☒ A check in the amount of \$...215.00..... is attached.

☐ Charge \$ ..... to Deposit Account No. 03-3925.

☒ Please charge any additional fees incurred by reason of this response or credit  
any overpayment to Deposit Account No. 03-3925. A duplicate copy of this  
sheet is enclosed.

CURTIS, MORRIS & SAFFORD, P.C.  
Attorneys for Applicant(s)

By

*John M. Kilcoyne*  
John M. Kilcoyne

Registration No. 33,100

Tel. 212-840-3333



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#16

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Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 91	Minus	** 91 =	-0- X	\$12(6)	= -0-
Independent claims	* 21	Minus	*** 21 =	-0- X	\$34(17)	= -0-
Total additional fee for this amendment						-0-

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☐ This application contains a multiple dependent claim. The required fee of \$110(55) has been previously paid ☐ or is paid herewith ☐.☐ This response is being filed within the ☐ first month, ☐ second month, ☒ third month, ☐ fourth month following the expiration of the term originally set therefor, and the fee of ☐ \$56(28), ☐ \$170(85), ☒ ~~\$340(170)~~ 215.00, ☐ \$610(305) for the requisite extension is due and ☐ paid herewith.☒ A check for the amount of \$...215.00..... is attached.  
NO. 22206☐ Charge \$ ..... to Deposit Account No. 03-3925.☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 03-3925. A duplicate copy of this sheet is enclosed.

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☒ third month, ☐ fourth month following the expiration of the term originally set  
therefor, and the fee of ☐ \$56(28), ☐ \$170(85), ☒ \$215(100), ☐ \$610(305) for the  
requisite extension is due and ☐ paid herewith.

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